

MEMORANDUM

Agenda Item No. 3(A)(3)

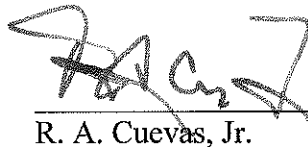
TO: Honorable Chairwoman Rebeca Sosa
and Members, Board of County Commissioners

DATE: May 6, 2014

FROM: R. A. Cuevas, Jr.
County Attorney

SUBJECT: Resolution retroactively
authorizing in-kind services
for the December 7, 2013
"World Aids Day" event

The accompanying resolution was prepared and placed on the agenda at the request of Prime Sponsor Commissioner Audrey M. Edmonson.



R. A. Cuevas, Jr.
County Attorney

RAC/smm



MEMORANDUM

(Revised)

TO: Honorable Chairwoman Rebeca Sosa
and Members, Board of County Commissioners

DATE: May 6, 2014

FROM: R. A. Cuevas, Jr.
County Attorney

SUBJECT: Agenda Item No. 3(A)(3)

Please note any items checked.

- ☐ "3-Day Rule" for committees applicable if raised
- ☐ 6 weeks required between first reading and public hearing
- ☐ 4 weeks notification to municipal officials required prior to public hearing
- ☐ Decreases revenues or increases expenditures without balancing budget
- ☐ Budget required
- ☐ Statement of fiscal impact required
- ☐ Ordinance creating a new board requires detailed County Mayor's report for public hearing
- ☒ No committee review
- ☐ Applicable legislation requires more than a majority vote (i.e., 2/3's ____, 3/5's ____, unanimous ____) to approve
- ☒ Current information regarding funding source, index code and available balance, and available capacity (if debt is contemplated) required

Approved _____ Mayor
Veto _____
Override _____

Agenda Item No. 3(A)(3)

5-6-14

RESOLUTION NO. _____

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE PARKS, RECREATION AND OPEN SPACES DEPARTMENT FOR THE DECEMBER 7, 2013 "WORLD AIDS DAY" EVENT SPONSORED BY JESSIE TRICE COMMUNITY HEALTH CENTER, INC. IN AN AMOUNT NOT TO EXCEED \$1,400 TO BE FUNDED FROM THE BALANCE OF THE DISTRICT 3 FY 2013-14 IN-KIND RESERVE FUND

WHEREAS, Jessie Trice Community Health Center, Inc. has requested in-kind services from the Parks, Recreation and Open Spaces Department for the December 7, 2013 "World Aids Day" event in an amount not to exceed \$1,400 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the purpose of "World Aids Day" is to raise awareness of HIV/AIDS and to help people know their HIV status; and

WHEREAS, those in attendance will receive free HIV testing, blood pressure screening and other health and social services; and

WHEREAS, Jessie Trice Community Health Center, Inc. is a not-for-profit organization; and

WHEREAS, "World Aids Day" is a district event, as that term is defined in the attached Fee Waiver/In-kind Service Application, and \$1,400 of the in-kind services shall be funded from the balance of the District 3 FY 2013-14 In-Kind Reserve Fund,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that this Board retroactively authorizes in-kind services from the Parks, Recreation and Open Spaces Department for the December 7, 2013 "World Aids Day" event sponsored by the Jessie Trice Community Health

Center, Inc. in an amount not to exceed \$1,400 to be funded from the balance of District 3 FY 2013-14 In-Kind Reserve Fund.

The Prime Sponsor of the foregoing resolution is Commissioner Audrey M. Edmonson. It was offered by Commissioner _____, who moved its adoption. The motion was seconded by Commissioner _____ and upon being put to a vote, the vote was as follows:

Rebeca Sosa, Chairwoman

Lynda Bell, Vice Chair

Bruno A. Barreiro

Jose "Pepe" Diaz

Sally A. Heyman

Jean Monestime

Sen. Javier D. Souto

Juan C. Zapata

Esteban L. Bovo, Jr.

Audrey M. Edmonson

Barbara J. Jordan

Dennis C. Moss

Xavier L. Suarez

The Chairperson thereupon declared the resolution duly passed and adopted this 6th day of May, 2014. This resolution shall become effective ten (10) days after the date of its adoption unless vetoed by the Mayor, and if vetoed, shall become effective only upon an override by this Board.

MIAMI-DADE COUNTY, FLORIDA
BY ITS BOARD OF
COUNTY COMMISSIONERS

HARVEY RUVIN, CLERK

By: _____
Deputy Clerk

Approved by County Attorney as
to form and legal sufficiency.

GKS

Gerald K. Sanchez



**SHOWMOBILES, STAGES, BLEACHERS,
AND SOUND PRODUCTION**
(305) 226-8315 Ext. 221/(305) 553-8511 (Fax)

EQUIPMENT (S) CONFIRMATION FORM

ORGANIZATION/AGENCY: Jessie Trice Community

EQUIPMENT REQUESTED: Showmobile Medium

NAME OF PERSON RESPONSIBLE FOR THIS BILL: Commissioner Audrey Edmonson,
Commission District #3

OR INDEX CODE (MIAMI-DADE AGENCIES ONLY): _____

BILLING ADDRESS/ZIP CODE: 111 NW 1 Street Suite 230 Miami, FL 33128

NAME/TITLE OF THE EVENT: Worlds Aids Day

ADDRESS OF EVENT: 5607 NW 27th Ave

TODAY'S DATE: 10/30/13

DATE (S) & TIME OF EVENT: 12/07/13 10AM - 2PM

SET-UP TIME & DAY: 8AM 12/07/13

TAKE-DOWN & DAY: 3PM 12/07/13

CONTACT PERSON/PHONE: _____

AT SITE CONTACT/CELL PHONE#: _____

SPECIAL INSTRUCTIONS: Direction item(s) are to be placed, maps, diagrams, etc.

OTHER INFORMATION: Include additional equipment if needed.

We, the users, understand that we assume full responsibility for any damage, theft, or loss to said equipment and its accessories between the time the Miami-Dade Park and Recreation Department completes setting up and the time it takes down. We, the users, also agree to adhere to the requests set forth in the rental policy. We do have a copy of the rental policy and fully understand the requirements set forth in renting the equipment requested as out-lined in the rental policy. **We also understand that the total fee is to be remitted (15) fifteen working days before the event.**

*Fee: \$1,400.00 In-kind District #3

*(SEE FEE SCHEDULE FOR EXACT CHARGES)

Signature: _____

Commissioner Audrey Edmonson

Agency/Group: Commission District #3

**CANCELLATIONS MUST BE MADE 72 HOURS IN ADVANCE OF THE
EVENT BY FAX OR EMAIL OTHERWISE EXPECT TO BE CHARGED**

**½ (HALF) OF RENTAL FEE. *There will be no completed reservation on the schedule unless the
confirmation Form is filled out completely and signed.**

Late equipment arrivals, please call (786) 236-7926

MIAMI-DADE COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION

COUNTY FEE WAIVERS OR IN-KIND SERVICES REQUESTED THROUGH THIS PROCESS ARE NOT EFFECTIVE UNTIL APPROVED BY ACTION OF THE BOARD OF COUNTY COMMISSIONERS PURSUANT TO THE MIAMI-DADE COUNTY HOME RULE CHARTER

Please complete the following form and submit completed form along with requested materials, if applicable, to:

Office of Strategic Business Management
111 N.W. 1st Street, Suite 2200
Miami, FL 33128

Phone: (305) 375-5143
Fax: (305) 375-5168

Type of Event/Application (select one of the following):

- ☐ District Event - Event of minimal impact related to specific commission district (Complete questions 1-7, sign and date; copy will be submitted to the appropriate District Commissioner within two days of receipt of application.)
- ☐ Small Event - Event of minimal impact not necessarily related to a specific commission district. (Complete questions 1-7, sign and date.)
- ☒ Special Event* - Event with expected attendance of less than 5,000 with localized impact limited to an individual community or municipality (Complete questions 1-12, sign, date and submit form no later than 60 days prior to event date.)
- ☐ Major Event* - Large Event with expected attendance of over 5,000 or significant probability of protests, controversy, violence or vandalism (Complete questions 1-12, sign, date and submit form no later than 120 days prior to event date.)

Note: Event budget must be included for "Special" and "Major" event types.

Commissioner sponsoring event

Audrey Edmonson

1. Full legal name of the requesting organization:

Jessie Trice Community Health Center
INC.

2. Applicant Status: (Select one of the choices below)

- ☒ Not-For-Profit or Tax Exempt
☐ For-Profit
☐ Local Government or Public Entity
☐ Other (specify): _____

3. Name and contact information for single point of contact (address, phone, fax, e-mail address, etc.):

Roselane Monestime-Christie (305) 637-6400 ext 1518
rmonestime@hcnetwork.org

4. Specify fee waiver or in-kind service requested (quantify, if applicable):

Use of Showmobile

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries):

World AIDS Day Event, 12/7/2013 10am - 2:30pm

The purpose of event is for community awareness of HIV/AIDS and to help people know their HIV status.

6. Please select ALL that apply to event:

- ☐ Economic Development: Event supports vitality or growth of the local economy
☒ Youth/Education: Event benefits youth of any age and/or offers educational benefits
☒ Health and Social Services: Event supports health-related causes and/or social programs or institutions that improve quality of life within the community
☒ Arts and Culture: Event supports music, theatre, literature, art or culture
☐ Environmental: Event benefits environmental concerns or promotes conservation
☐ Sports and Athletics: Event supports/promotes organized sports or recreational participation

7. Physical address of event venues (please specify Commission District(s)):

Event Address 2101 NW 51 St (Olinda Park)
Commission District 5400 NW 22nd Ave, Suite 701
(Caleb Center)

8. Description of regional or local impact:

People of the community will receive HIV Testing, Blood Pressure screening, other Health and Social Services for a better and healthy quality of Life. Also persons living with HIV will be linked to care and much needed services.

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable):

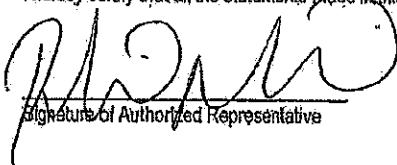
Set up time 8:30am (8:30 - 3pm)
By 3pm the park should be clear of participants and supplies.

MIAMI-DADE COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION
Page 3

10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): Tables will be set up representing different health and social services. Mobile Van from Jessie Trice will be present. DJ will provide music. Rap Artist will perform along with dancers. FMU Band will perform and health updates will be announced.
11. Expected number of participants and estimated attendance (per day, if applicable): 100 - 200

12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): \$550 will be sponsored by different organizations.

I hereby certify that all the statements made in this application are true and correct.


Signature of Authorized Representative

10/29/13
Date



Detail by Entity Name

Florida Non Profit Corporation

JESSIE TRICE COMMUNITY HEALTH CENTER, INC.

Filing Information

Document Number	712996
FEI/EIN Number	591235617
Date Filed	06/27/1967
State	FL
Status	ACTIVE
Last Event	NAME CHANGE AMENDMENT
Event Date Filed	01/14/2008
Event Effective Date	NONE

Principal Address

5607 NW 27TH AVENUE
SUITE #1
MIAMI, FL 33142

Changed: 02/08/2012

Mailing Address

5607 NW 27TH AVENUE
SUITE #1
MIAMI, FL 33142

Changed: 02/08/2012

Registered Agent Name & Address

CLYNE, REGINALD J
C/O LYDECKER /DAIZ
1221 BRICKELL AVENUE 19TH FLOOR
MIAMI, FL 33131

Name Changed: 09/18/1997

Address Changed: 08/26/2013

Officer/Director Detail**Name & Address**

Title T

THOMAS, ROBERT
5607 NW 27TH AVENUE, SUITE 1
MIAMI, FL 33142

Title C

DUBOSE, SHERWOOD
5607 NW 27 AVENUE, SUITE 1
MIAMI, FL 33142

Title VC

TAYLOR-WOOTEN, IRENE
5607 NW 27TH AVENUE, SUITE 1
MIAMI, FL 33142

Title SECY

LIGHTFOOT, ANGEL D
5607 NW 27TH AVENUE, SUITE 1
MIAMI, FL 33142

Title D

Labrousse, Thamara
5607 NW 27TH AVENUE, SUITE 1
MIAMI, FL 33142

Title P

NEASMAN, ANNIE R
5607 NW 27TH AVENUE, SUITE 1
MIAMI, FL 33142

Annual Reports

Report Year	Filed Date
2012	12/21/2012
2013	01/22/2013
2014	01/08/2014

Document Images

01/08/2014 -- ANNUAL REPORT	View image in PDF format
08/26/2013 -- Reg. Agent Change	View image in PDF format
01/22/2013 -- ANNUAL REPORT	View image in PDF format
12/21/2012 -- ANNUAL REPORT	View image in PDF format
02/08/2012 -- ANNUAL REPORT	View image in PDF format
04/18/2011 -- ANNUAL REPORT	View image in PDF format
01/26/2010 -- ANNUAL REPORT	View image in PDF format
03/13/2009 -- ANNUAL REPORT	View image in PDF format
01/14/2008 -- Name Change	View image in PDF format
01/11/2008 -- ANNUAL REPORT	View image in PDF format
01/05/2007 -- ANNUAL REPORT	View image in PDF format
04/11/2006 -- ANNUAL REPORT	View image in PDF format
04/04/2005 -- ANNUAL REPORT	View image in PDF format
04/23/2004 -- ANNUAL REPORT	View image in PDF format
03/30/2004 -- Reg. Agent Change	View image in PDF format
01/30/2003 -- ANNUAL REPORT	View image in PDF format
03/21/2002 -- ANNUAL REPORT	View image in PDF format
02/26/2001 -- ANNUAL REPORT	View image in PDF format
02/16/2000 -- ANNUAL REPORT	View image in PDF format
03/05/1999 -- ANNUAL REPORT	View image in PDF format
02/27/1998 -- ANNUAL REPORT	View image in PDF format
09/18/1997 -- REG. AGENT CHANGE	View image in PDF format
05/21/1997 -- ANNUAL REPORT	View image in PDF format
02/22/1996 -- ANNUAL REPORT	View image in PDF format
02/09/1995 -- ANNUAL REPORT	View image in PDF format

Memorandum



Date: May 6, 2014

To: Honorable Chairwoman. Rebeca Sosa
and Members, Board of County Commissioners

From: Carlos A. Gimenez
Mayor

A handwritten signature in black ink, appearing to read "Carlos A. Gimenez", written over a horizontal line.

Subject: District Specific In-Kind Request

A retroactive waiver for in-kind services has been requested by Jessie Trice Community Center, Inc., for their "World AIDS Day" event held on December 7, 2013.

In-kind services have been requested in an amount not to exceed \$1,400 from the Parks, Recreation, and Open Spaces Department for the use of a medium showmobile. This event will be funded from the balance of District 3 FY 2013-14 In-Kind Reserve Fund.

A handwritten signature in black ink, appearing to read "Edward Marquez", written over a horizontal line.

Edward Marquez
Deputy Mayor

InkInd01433